

| POSITION            | INITIALS  | ID NO.      | DATE            |
|---------------------|-----------|-------------|-----------------|
| FEE DETERMINATION   | <i>ML</i> |             | <i>08-24-01</i> |
| O.I.P.E. CLASSIFIER |           | <i>43</i>   | <i>8/30/01</i>  |
| FORMALITY REVIEW    | <i>TJ</i> | <i>1061</i> | <i>9/24/01</i>  |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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530  
09-24-01